



PROFESSIONAL SERVICES DIVISION

Board of Institutional Reviewers Information Form

Name _____

Work Address _____

City, Zip _____

Work Telephone _____ Work Fax _____

Work E-mail _____

Employer/Supervisor Name _____

Employer/Supervisor Address (If different from above) _____

Home Information (optional)

Address _____

Telephone _____ E-mail _____

The majority of communication about BIR activities comes through email. Please indicate which email, if you provide two addresses, you prefer is used for BIR information:

Home ___ Work ___ Both ___

Please indicate the address where you prefer BIR materials to be sent: (when sent through US mail)

Home ___ Work ___

We often find materials have not arrived just days or hours before the training begins. Would you mind sending a Reply email confirming the arrival of BIR materials when they are sent?

Yes ___ No ___